


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 11, 2005 8:00 am**  
**Secretary of State**

03-11-2005 90310 010 \*\*\*150.00

|  |   |
|--|---|
| DOCUMENT # M66462<br>1. Entity Name<br>SHEP'S PLUMBING CO., INC. |  |
|--|---|

|   |  |
|---|--|
| Principal Place of Business<br>6800 CRYSTAL BEACH RD.<br>WINTER HAVEN, FL 33880 | Mailing Address<br>P O BOX 821<br>EAGLE LAKE, FL 33839 |
|---|--|

**DO NOT WRITE IN THIS SPACE**



03092005 No Chg-P CR2E034 (10/03)

|   |                                |
|---|--------------------------------|
| 4. FEI Number<br>59-2870654                               | Applied For<br>Not Applicable  |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

SHEPPARD, PATRICK S.  
 6800 CRYSTAL BEACH RD  
 P.O. BOX 821 EAGLE LAKE, FL  
 WINTER HAVEN, FL 33880

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>SHEPPARD, PATRICK S.<br>6800 CRYSTAL BEACH RD<br>WINTER HAVEN, FL |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | SO<br>SHEPPARD, ROBIN D<br>6800 CRYSTAL BEACH RD<br>WINTER HAVEN, FL   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robin D. Sheppard Robin D. Sheppard 3-9-05 863-294-1739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #